

Maine

Tobacco Product Manufacturer Initial Certificate of Compliance

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

Company Name		
Address		
Telephone Number	Fax Number	E-mail Address
Name/Title of Person Completing Report		

The tobacco product manufacturer identified above, as of the date of this Certification, is (check one):

- ☐ A participating manufacturer under the Tobacco Master Settlement Agreement.
- ☐ A non-participating manufacturer in full compliance with 22 M.R.S.A. §§ 1580-G, *et seq.*

PART 2: BRAND FAMILY IDENTIFICATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

A. Participating Manufacturers

The participating manufacturer identified in Part 1 has the following brand families, each of which the manufacturer hereby affirms are to be deemed its cigarettes for purposes of calculating its payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement.

Brand Families

B. Non-Participating Manufacturers (attach additional sheets if necessary)

The non-participating manufacturer identified in Part 1 has the following brand families¹, each of which the manufacturer affirms are to be deemed its cigarettes for purposes of 22 M.R.S.A. §§ 1580-G, *et seq.*

Brand Family	Units Sold:	Units Sold:	Name and address of other manufacturers of brand family in preceding or current calendar year.
	Preceding Calendar Year	Current Calendar Year	

¹ Indicate with an asterisk (*) those brands that were not sold in 2003.

PART 3: NON-PARTICIPATING MANUFACTURER CERTIFICATION

A. Registered Agent for Service of Process

Please certify as follows:

- ☐ The non-participating manufacturer identified in Part 1 is domiciled in the State of Maine.
- ☐ The non-participating manufacturer identified in Part 1 is a non-resident or foreign non-participating manufacturer that has registered to do business in the State of Maine as a foreign corporation or business entity.
- ☐ The non-participating manufacturer identified in Part 1 has appointed and continues to engage the following agent located in the United States for service of process on whom all process, and any action or proceeding against it concerning or arising out of the enforcement of 22 M.R.S.A. §§ 1580-G, *et seq.* and 22 M.R.S.A. § 1580-L may be served in any manner authorized by law:

Agent Name		
Company		
Address		
Telephone Number	Fax Number	E-mail Address

Please attach proof of the appointment and availability of the Agent.

B. Qualified Escrow Fund – Financial Institution

Name of Institution			
Address			
Representative Name		Telephone Number	
Escrow Account Number		State Sub-Account Number	
Has the Escrow Agreement been approved by the Attorney General?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom	Approval Date

Please attach an executed copy of the current Non-Participating Manufacturer's Escrow Agreement.

C. Escrow Deposit/Withdrawal History for Maine (attach additional sheets if necessary)

Date	Deposit	Withdrawal*	Balance
	Total:	Total:	Total:

Please attach copies of records of the financial institution confirming the foregoing.

*Withdrawals must comply with 22 M.R.S.A. § 1580-I. Verification of compliance must be provided.

PART 4: EXECUTION BY AUTHORIZED DESIGNEE

Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

**sign
here ►**

Designee (Print Name)

Title

Signature of Designee

Date

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ County of _____

My Commission Expires: _____

Mail the completed certificate of compliance to:

Maine Office of Attorney General
Six State House Station
Augusta, Maine 04333-0006
Attention: Marilyn Shorey